

Residential Utility Application

City of Wildwood
100 N. Main Street
Wildwood, FL 34785

Phone: (352) 330-1330, ext. 130 Fax: (352) 330-1338

Account #: _____ Deposit Amount: \$ _____ Processing Fee: \$ _____ Application Date: _____

Primary Account Owner Name: _____

Location Address: _____

City: Wildwood State: FL Zip: 34785

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other/Work/
Business Phone: _____

Social Security / Insurance #: _____ E-Mail Address: _____

Valid Driver License/State Issued Photo ID: # _____ Issuing State: _____

Ownership of Account: Individual: ☐ Joint: ☐ Other (Specify): ☐ _____

Marital Status: Single: ☐ Married: ☐ Other (Specify): ☐ _____

Name of Other Adults	1. _____	4. _____
Occupying	2. _____	5. _____
Dwelling:	3. _____	6. _____

Do you rent? ☐ Own? ☐ Landlord's Name: _____

Landlord's Address: _____ Landlord's Phone #: _____

Type of Structure: Residential Home: ☐ Mobile Home: ☐ Apartment / Duplex: ☐

Do you or anyone residing in the home rely on a water dependent medical apparatus? (Proof required) Yes: ☐ No: ☐

Type of Medical Apparatus? _____

RESPONSIBILITY CLAUSE:

1. I understand the bill is due when rendered. This bill is considered delinquent if not received within fifteen (15) days from the billing date shown on the front of the utility bill. Failure to pay bill could result in a 10% late charge and/or discontinuance of service. Service will be resumed only upon payment of all delinquent bills, a reconnection charge and any collection costs incurred by the city.
2. Yes, I have received a copy of the utility information brochure. Upon receipt of this brochure, I agree to review the information in its entirety. I understand that I am to call the utility office if I have any questions regarding my account or the information made available to me in this brochure.
3. Should the City discover any false or misleading information, my application may be rejected and/or utility service discontinued.

Applicant's Signature: _____ Date: _____

THIS SECTION FOR OFFICE USE ONLY

Utility Services Available: Water ☐ Sewer ☐ Irrigation ☐ Refuse ☐ Extra Can ☐ Reuse ☐

Inside City Limits: ☐ Outside City Limits: ☐

Utility Technician Signature: _____ Date: _____